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are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/730,006 Filing Date **TRANSMITTAL** 12-09-2003 First Named Inventor **FORM** Akira MAKIHARA Art Unit 1731 **Examiner Name** A. Kinney (to be used for all correspondence after initial filing) Attorney Docket Number 46159

Tota	I Number of	Pages in T	his Submission			170.00						
ENCLOSURES (Check all that apply)												
	Amendme Aff Aff Extension Express A Informatio Certified C Document Reply to M Incomplet	Fee Attached mendment/Reply After Final Affidavits/declaration(s) xtension of Time Request xpress Abandonment Request information Disclosure Statement dertified Copy of Priority focument(s) reply to Missing Parts/ incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Conarks	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):						
			SIGNA	 TURE	OF APPLICANT, ATT	ORNEY. (OR AG	ENT				
Firm Name					erdo & Goodman, L.L.P. (Customer No. 001609)							
Signature Man ()		In	im			·						
Printed name		David S	David S. Abrams									
Date		01-12-2	2006			Reg. No.	22,5	22,576				
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rees pursuant to the Consoli	ualeu Approprial	uons Act, 2005 (n.K.	4010).	Application Number		10/730,006					
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Fo	or FY 20)05	[First Named Inve	entor	Akira MAKI	HARA				
				Examiner Name		A. Kinney					
Applicant claims sma	II entity status.	See 37 CFR 1.27	7	Art Unit 1731					1		
TOTAL AMOUNT OF PA	YMENT (\$)	1,020.00		Attorney Docket	No.	46159					
METHOD OF PAYMEN	NT (check all	that apply)									
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.											
For the above-iden											
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Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1 16 and 1 17											
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FEE CALCULATION											
1. BASIC FILING, SEA									ŀ		
	FILING F	FEES Small Entity	SEAF	RCH FEES Small Entity	EXA	MINATION Small E					
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$	Fee (\$)	<u>Fe</u>	e (\$) Fee (Fees Paid (<u>\$)</u>		
Utility	300	150	500	250	20	00 100					
Design	200	100	100	50	13	30 65	,		_		
Plant	200	100	300	150	16	160 80					
Reissue	300	150	500	250	250 600 300						
Provisional	200	100	0	0	0						
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) 25 20 100 180											
Total Claims	Extra Claim		<u>Fee</u>	Fee Paid (\$)		tiple Depend ee (\$)	I / ¢ \				
- 20 or HP = x = HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) - 3 or HP = x = x HP = highest number of independent claims paid for, if greater than 20 Indep. Claims Fee (\$) Fe				Paid (\$)	_	<u></u>	Fee Paid				
3. APPLICATION SIZE If the specification ar for each additions Total Sheets	E FEE and drawings of the second seco	exceed 100 shee or fraction therecess Number / 50 =	ets of pa of. See er of ea	e 35 U.S.C. 41(a ch additional 50 (round up to a	1)(1)(C or frac	3) and 37 CF ction thereof	FR 1.16(s).	<u>Fee Pa</u>	l entity) aid (\$) Paid (\$)		
Other: 3-Month Extension of Time 1,020.00											
SUBMITTED BY Signature	"	111		Registration No.	. 22 F	76	Telephone	(202) 659	2-9076		
oignature / ///L		11111m	<u>u</u>	(Attorney/Agent)	22,5	0	, cichilone	(202) 008	7-5010		

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Name (Print/Type) David S. Abrams